STATE OF CONNECTICUT **DEPARTMENT OF CONSUMER PROTECTION Gaming Division/Charitable Games Accounting**

165 Capitol Avenue Hartford, CT 06106-1630

E-mail: DCP.Accounting@CT.gov

Web site: www.ct.gov/dcp



SEALED TICKET ORGANIZATION MONTHLY REPORT

CGF-11 Rev. 8/12

MONTH (OF	

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- File completed report by the 10th of the following month.
 Mail the report to Department of Consumer Protection, Charitable Games Accounting 165 Capitol Ave, Hartford, CT 06106-1630
- 3. File this report even if there is no activity. Please put "None" in each section in which there is no activity.

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(Zip Code)
necessary)
umber
Date Purchased
Number
Data
Date Purchased

Expenses/Donations

List all disbursements from the special sealed ticket bank account during the reporting month.

(Attach a separate sheet if necessary)

Date	Check #	Amount	Payee	Purpose
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Deposits

List dates and amounts of deposits to the special sealed ticket bank account during the reporting month

(Attach a separate sheet if necessary)

Date	Amount \$	Date	Amount \$	Date	Amount \$
Date	Amount \$	Date	Amount \$	Date	Amount \$
Date	Amount \$	Date	Amount \$	Date	Amount \$

I do hereby make oath that the statement in the foregoing is, to the best of my knowledge and belief, true and accurate.

Signature of Member in Charge of Sealed Tickets	Telephone Number	Date
Signature of Ranking Officer	Telephone Number	Date
Name of Preparer	Telephone Number	Date